

Message Text

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PAGE 01 MOSCOW 04947 041456Z

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ACTION SCSE-00

INFO OCT-01 EUR-06 ISO-00 /007 W

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P 041424Z APR 74

FM AMEMBASSY MOSCOW

TO SECSTATE WASHDC PRIORITY 7574

UNCLAS MOSCOW 4947

E.O. 11652: N/A

TAGS: CVIS UR US SREF CGEN

SUBJECT: EVACUATION OF ANASTASIA ZAKALYUK

REF: STATE 060345; MOSCOW 4634 AND 4208

1. PAN AM MOSCOW OFFICE HAS BEEN INFORMED THAT MRS. ZAKALYUK'S AMCIT DAUGHTER (ANNA ZUB, 617 SANFORD AVE., NEWARK, N.J.) UNABLE PAY FOR EVACUATION. PAN AM HAS REQUESTED CLARIFICATION AS TO WHETHER MRS. ZUB COULD AT LEAST PAY ROUND TRIP TICKET FOR AN ESCORT (\$912 DOLLARS), IF NOT FULL STRETCHER EVACUATION (\$3100, INCLUDING ESCORT). PAN AM ALSO REQUESTED THAT IF MRS. ZUB ABLE PAY ESCORT TICKET, THIS BE DONE PROMPTLY IN ORDER THAT ARRANGEMENTS MAY BE MADE EVACUATE MRS. ZAKALYUK ON DIRECT PAN AM NEW YORK FLIGHT SUNDAY APRIL 7. (PAN AM INFORMED EMBASSY THAT THEIR NEXT DIRECT FLIGHT, APRIL 14, FULLY BOOKED.)

2. IF MRS. ZUB UNABLE PAY ESCORT TICKET, ONLY ALTERNATIVE WILL BE TO OBTAIN VOLAG ASSISTANCE. EMBASSY SUGGESTS THAT DEPARTMENT MAKE PRELIMINARY CONTACT WITH NYC HEADQUARTERS OF TOLSTOY FOUNDATION OF A UKRAINIAN-AMERICAN AID SOCIETY TO ASCERTAIN WHETHER PROMPT FINANCIAL AUTHORIZATION COULD BE EFFECTED THROUGH THEIR CHANNELS. SINCE OPTIMUM EVACUATION WOULD BE BY STRETCHER, VOLAG MIGHT BE QUERIED AS TO WHETHER IT ABLE AUTHORIZE LARGER SUM, PER PARA 1. CASE BEING HANDLED BY RESERVATION DEPT OF PAN AM MANHATTAN OFFICE TEL: 212-973-7700, IDENTIFYING DATA REFERENCE TO ZAKALYUK CASE TELEXES TO MOSCOW FROM NYCPA 50007.

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PAGE 02 MOSCOW 04947 041456Z

3. WE ARE QUERYING EMBASSY STAFF AS TO WHETHER ESCORT WOULD BE AVAILABLE APRIL 7 IF TICKET PRE-PAID.

4. APPRECIATE DEPT ADVISE SOONEST IN VIEW FACT MOSCOW BOTKIN
HOSP. STATES IT "NEEDS TWO DAYS ADVANCE NOTICE" IN ORDER
ARRANGE AMBULANCE TO MOVE ZAKALYUK TO AIRPORT.
STOESSEL

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Message Attributes

Automatic Decaptioning: X
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Disposition Approved on Date:
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Disposition Event:
Disposition History: n/a
Disposition Reason:
Disposition Remarks:
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TAGS: CVIS, SREF, CGEN, UR, US, PANAM, (ZAKALYUK, ANASTASIYA)
To: STATE
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